

PRINTED: 09/15/2011  
FORM APPROVED

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN7505	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  09/12/2011
NAME OF PROVIDER OR SUPPLIER  NHC HEALTHCARE, MURFREESBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 420 N UNIVERSITY ST MURFREESBORO, TN 37130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
N 832	1200-8-6-.08(2) Building Standards	N 832			
	<p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to maintain physical environment.</p> <p>The findings included:</p> <p>On 9/12/11 at 12:15 PM, observation within resident room 217 bathroom revealed the ceiling tile was damaged.</p> <p>2. On 9/12/11 at 1:15 PM, observation of the night light in room 233 revealed the light was not working.</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Assistant during the exit interview on 9/12/11.</p>		<p>N832</p> <p>The Maintenance Partner Inspected the resident room 217 bathroom and replaced the ceiling tile. The night light in room 233 was replaced to be working correctly. Weekly rounds will be done routinely to ensure the physical plant and nursing home environment will be maintained for the well-being and safety of the residents. The maintenance director will monitor the building on an ongoing basis.</p>	<p><u>9/12/11</u></p> <p>9/13/11 AF</p>	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

IGV121

If continuation sheet 1 of 1